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TRANSMITTAL FORM (to be used for all correspondence after initial filling)		Application Number	09/902,691	09/902,691				
		Filing Date	July 12, 2001	July 12, 2001				
		First Named Inventor	Li Li	Li Li				
		Art Unit	2815	2815				
		Examiner Name	P. Brock	P. Brock				
Total Number of Pages in This Submission		Attorney Docket Numb	M4065.0159/P159	M4065.0159/P159-A				
ENCLOSURES (check all that apply)								
Fee Transmittal Form	Drawing(s)		After Allowance Communication to Group					
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences					
x Amendment/Reply Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
x After Final	After Final Petition to Con		Proprietary Information					
		mey, Revocation rrespondence Address	Status Letter					
Extension of Time Request Terminal Dis		claimer	Other Enclosure(s) (please identify below):					
Express Abandonment Request Request for		Refund	ECHNOLOGY CENTER 2800					
Information Disclosure Statement	CD, Number of CD(s)).).	RECEIVEC				
Certified Copy of Priority Document(s)			Y CE.	EIV 20				
Response to Missing Parts/ Incomplete Application	Remarks			/ED				
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under 37 CFR 1.52 or 1.53			; ·					
SIGNA	TURE OF APPLICA	ANT, ATTORNEY, OR A	GENT					
Firm or Individual name DICKSTEIN SHAPIF	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico							
Signature	Ta S							
Date June 17, 2003								

AMENDMENT TRANSMITTAL LETTER					_	Docket No. M4065.0159/P159-A		
Application No. 09/902,691		Filing Date July 12, 2001		Examiner P. Brock		Art Unit 2815		
Applicant(s): Li Li								
nvention: METHC	DD OF CONTR	OLLING STR	ATIONS AND	O CD LOSS IN CO	NTACT O	XIDE ETCH		
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
The ree has been	Calculated an		S AS AMENI					
	Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present	Rate				
Total Claims	26	- 28 =		X		0.00		
Independent Claims	2	- 2 =		×		0.00		
Multiple Dependent Claims (check if applicable)					F We	331.		
Other fee (please specify):					<u> </u>	NOTON SE		
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:		1	(U.GB)		
Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity X No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.								
A check in the amount of \$ to cover the filing fee is enclosed.								
\equiv	Payment by credit card. Form PTO-2038 is attached.							
	The Director is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. A duplicate copy of this sheet is enclosed.							
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Thomas J. D'Ar Attorney Reg. N				Dated:	June 1	7, 2003		
DICKSTEIN SH 2101 L Street N Washington, DO (202) 828-2232	IW C 20037-15 <mark>2</mark> 6		YLLP					